



## Volunteer Application Form

### PERSONAL INFORMATION

Title:  Mr.  Mrs.  Miss  Ms.  No title needed

Name of Applicant (Last Name, First Name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_  Preferred number (check if applicable)

Mobile Telephone: \_\_\_\_\_  Preferred number (check if applicable)

Other Telephone: \_\_\_\_\_  Preferred number (check if applicable)

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

Can we contact you by phone, email or both?  Phone Only  Email Only  Both

### EDUCATION/OCCUPATION

School/College/University attended or currently attending: \_\_\_\_\_

Program or course of study: \_\_\_\_\_

Most recent grade, year or level completed: \_\_\_\_\_

Current occupation: \_\_\_\_\_  Full-time  Part-time

May we contact you at your workplace?  Yes  No

If yes, work telephone: \_\_\_\_\_

### WORK, VOLUNTEER, AND OTHER EXPERIENCE

Do you have experience working with people with disabilities?  Yes  No

Do you have previous related work or volunteer experience?  Yes  No

Please state where and describe your role and responsibilities:

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## Volunteer Application Form

How did you hear about the Luso Canadian Charitable Society?

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Why would you like to volunteer for the Luso Canadian Charitable Society? (Check all that apply)

- Put spare time to good use
- Interest in community involvement
- Experience for healthcare career
- Desire to help people with disabilities
- To establish work record
- OSSD requirement
- Other (Please explain and continue on separate sheet if necessary)

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Please share with us something about yourself, such as special interests or specialized skills (e.g. certified for CPR, fluency in languages other than English, personal history, etc.) You may continue writing on a separate sheet, if necessary.

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## Volunteer Application Form

Programs assisted by volunteers (Check all areas of interest)

- Recreation (i.e. Drama, sports, music, etc.)
- Occupational & Physiotherapy (i.e. Gymnastics, independence programs, sauna therapy, etc.)
- Language Classes (i.e. E.S.L. or Portuguese class)
- Cooking Classes
- Computer Training (i.e. Typing, using the internet, Microsoft Word, Excel, etc.)
- Administrative Support (i.e. Clerical duties such as data entry, answering phones, etc.)
- Community Relations & Events (i.e. Dinners, guest speaking, entertainment, fundraising)
- Building and Property (i.e. Gardening, woodworking, seasonal projects, etc.)
- Where need is greatest

### AVAILABILITY

When are you available to volunteer? (Check all that apply)

- Weekdays
  - Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday
- Weekends
  - Saturday
  - Sunday

How many hours per week are you available to volunteer? \_\_\_\_\_

What time would you prefer to volunteer? (Check all that apply and specify time, if possible)

- Morning (from \_\_\_\_\_ AM to \_\_\_\_\_ AM)
- Afternoon (from \_\_\_\_\_ PM to \_\_\_\_\_ PM)
- Evening (from \_\_\_\_\_ PM to \_\_\_\_\_ PM)
- All Day (from \_\_\_\_\_ AM to \_\_\_\_\_ PM)
- Where need is greatest

Are you available to volunteer year-round?  Yes  No

Are you available to volunteer seasonally (e.g. summer, fall)  Yes  No

Can we contact you to volunteer on short notice?  Yes  No

## Volunteer Application Form

### SCREENING

Have you ever been convicted of a crime for which no pardon has been granted?  Yes  No

If requested, would you be willing to obtain a current Police Records Check?  Yes  No

Do you have a current Vulnerable Sector Screening certificate?  Yes  No

### REFERENCES

Two (2) references are required:

- An academic, workplace (from supervisor), or charitable organization related
- A reference attesting to personal character and integrity

Please list daytime and/or business telephone numbers in your references. Family members are not appropriate reference sources. Reference forms can be printed from the Luso Canadian Charitable Society's website. Letters of reference written within the past twelve months may be acceptable provided they are dated, have the author's signature, and have current contact telephone numbers attached.

### AUTHORIZATION

I, \_\_\_\_\_, authorize the Luso Canadian Charitable Society to collect personal information appropriate to the position applied for and verify the character references I have supplied. I understand that the reference information obtained will be confidential but may be shared with relevant sources in order to obtain an appropriate volunteer position. I verify that all the above information provided is accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AUTHORIZATION FOR VOLUNTEERS UNDER THE AGE OF 18

Volunteer positions at the Luso Canadian Charitable Society require a signed parent or guardian consent statement for candidates under the age of 18. **If this applies to you, please have your parent/guardian complete the following information below.**

#### Parent/Guardian Consent for Applicants Under the Age of 18

This is to acknowledge that \_\_\_\_\_ is offering service on a voluntary basis with my full knowledge and consent.

In case of emergency or accident, please contact: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_



T: 905-858-8197  
E: [info@lusoccs.org](mailto:info@lusoccs.org)  
W: [www.lusoccs.org](http://www.lusoccs.org)

6245 Mississauga Road, Mississauga, Ontario L5N 1A4

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Home Telephone: \_\_\_\_\_  Preferred number  
Mobile Telephone: \_\_\_\_\_  Preferred number  
Other Telephone: \_\_\_\_\_  Preferred number

If we are unable to contact the above individual in the event of an emergency, the Luso Canadian Charitable Society has my permission to initiate appropriate emergency medical procedures.

Name of parent or guardian: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

### For Office Use Only

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_